



**Collateral Duty Safety Officer (CDSO) Certification Form**  
**240 FW 2**

Regional Safety Manager initiates this form and fills out shaded area.  
The Manager/Project Leader/Supervisor fills out remainder of form.

This form is kept at the facility for the time that the current CDSO is serving in the position, and retained at the respective duty station for 5 years after the CDSO has completed their time serving as CDSO.

CDSO Appointee Name _____	CDSO Duty Station _____
Additional duty station, if any, CDSO is responsible for _____	
Regional Safety Manager printed name _____	
_____ Regional Safety Manager Signature	_____ Date

CDSO training attended: (This portion filled out when CDSO training completed).

_____	_____	_____
Course name	Company or Entity Offering Course	Course Completion Date

Type CDSO Appointment:

**Permanent** (term of 2 years minimum) - CDSO meets qualification, training, and certification requirements of Service policy 240 FW 2.

Date of appointment: \_\_\_\_\_

**Interim** - Interim CDSO meets qualification, training, and certification requirements of Service policy 240 FW 2.

Date of appointment: \_\_\_\_\_

\_\_\_\_\_  
Manager/Project Leader/Supervisor Printed Name

\_\_\_\_\_  
CDSO / Employee Printed Name

\_\_\_\_\_  
Manager/Project Leader/Supervisor Signature

\_\_\_\_\_  
CDSO / Employee Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed